

## DEPARTMENT OF DISABILITIES, AGING AND INDEPENDENT LIVING

Division of Licensing and Protection 103 South Main Street Waterbury VT 05671-2306 http://www.dail.vermont.gov Voice/TTY (802) 871-3317 To Report Adult Abuse: (800) 564-1612

Fax (802) 871-3318

December 5, 2014

Ms. Debra Clemmer, Administrator Lakeview Community Care Home 322 St Paul Street Burlington, VT 05401-4647

amlaMCtaRN

Dear Ms. Clemmer:

The Division of Licensing and Protection completed a complaint investigation at your facility on **November 24, 2014**. The purpose of the investigation was to determine if your facility was in compliance with Residential Care Home Licensing Regulations. There were no regulatory violations as a result of this investigation.

If you have any questions regarding this report, please feel free to contact this office at (802) 871-3317.

Sincerely,

Pamela Cota, RN Licensing Chief

Enclosure

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION    XXI   PROVIDER OR SUPPLIER   STREET ADDRESS, CITY, STATE ZIP CODE   11/24/2014	Division of Licensing and Protection							
NAME OF PROVIDER OR SUPPLIER  NAME OF PROVIDER OR SUPPLIER  STREET ADDRESS, CITY, STATE, ZIP CODE  322 ST PAUL STREET  BURLINGTON, VT 05401   (X4) ID PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION)  R100 Initial Comments:  An unannounced onsite investigation of three entity reports and one complaint were completed on 11/24/14 by the Division of Licensing and Protection. The home was found in substantial compliance with Level 3 Residential Care Home  STREET ADDRESS, CITY, STATE, ZIP CODE  322 ST PAUL STREET  BURLINGTON, VT 05401  PREFIX (EACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CAMPLETE DATE)  R100 PREFIX (FACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CAMPLETE DATE)  R100 PREFIX (FACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (DATE)  R100 PREFIX (FACH CORRECTIVE ACTION SHOULD BE (EACH CORRECTIVE ACTION SHOULD BE (CACH CORRECTIVE ACTION SHOULD	STATEMENT OF DEFICIENCIES		(X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE CONSTRUCTION  A. BUILDING:		(X3) DATE SURVEY COMPLETED		
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Division of Licensing and Protection
LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

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